



COLORADO STATE UNIVERSITY - PUEBLO
SSS Application 2017-2018

(PLEASE PRINT)

PERSONAL INFORMATION:

DATE ___/___/___ SSN#: _____ PID#: _____

FULL LEGAL NAME _____

LAST FIRST MIDDLE

LOCAL ADDRESS _____

CITY STATE ZIP CODE

PERMANENT ADDRESS _____

CITY STATE ZIP CODE

CELL PHONE # () _____ WORK # () _____

HOME PHONE # () _____ E-MAIL _____

GENDER (F/M) _____ DATE OF BIRTH ___/___/___

U.S. CITIZEN or Permanent Resident (Y/N) _____ PLACE OF BIRTH _____

MARITAL STATUS

___ Single ___ Married ___ Separated ___ Divorced ___ Widow(er)

ETHNICITY/RACE

- ___ Native Hawaiian or Other Pacific Islander ___ Black or African-American
___ American Indian or Alaska Native ___ Hispanic or Latino
___ White ___ Asian

**If more than one Race, check all that apply

In case of EMERGENCY contact _____

Relationship _____ Telephone # _____

PROJECT INFORMATION:

How did you learn about the SSS Project? _____

Have you ever been a TRIO Project Participant? (If Yes, Please check and list institution)

- [] Upward Bound [] Student Support Services [] EOC [] Talent Search
Institution _____

Are you a Veteran of the U. S. Armed Forces? (Y/N) _____

Financial Aid (Y/N) _____ (If Yes, Please provide a copy of Financial Aid Award Letter)

Major: _____ Minor: _____

(CONTINUED ON OTHER SIDE)

CLASS STANDING:

___ Freshman ___ Sophomore ___ Junior ___ Senior
___ Transfer _____

Institution _____

FIRST GENERATION: (neither parent has earned a 4-year degree)

Has your mother received a FOUR-YEAR DEGREE? (Y/N) _____

Has your father received a FOUR-YEAR DEGREE? (Y/N) _____

DISABILITY:

If you are disclosing a disability attach a letter of verification from the CSU-Pueblo Disability Resource Office.

INCOME INFORMATION:

Note: The application is not complete until you submit a SIGNED copy of the most current 1040 TAX FORM or proof of income for the previous year, or a letter of fixed income, or a signed copy of your Student Aid Report (SAR).

SERVICES PROVIDED:

What program services will you be utilizing?

- | | |
|---------------------------------------|-----------------------------|
| ___ Academic Planning | ___ Study Skills Assistance |
| ___ Class Scheduling/Registration | ___ Choosing a Major/Minor |
| ___ Financial Aid/ Financial Literacy | ___ Other |
| ___ Career Counseling/Planning | ___ Tutoring in _____ |

CONTRACT FOR SERVICES:

I understand that if I am a first time freshmen and enroll in the TRiO - SSS Program, I am required to take (US 151) Introduction to Academic Life course taught by TRiO - Student Support Services Staff.

I authorize the staff of TRiO - Student Support Services Project at the Colorado State University – Pueblo to obtain from the Admissions, Records, and Student Financial Services Offices any academic records/data pertinent to my participation in the TRiO -Student Support Services Project (i.e., grade reports, copies of class schedules, transcripts, or any other pertinent academic data from the appropriate sources, and to request progress reports from my instructors).

I understand that I will be an active participate in all my appointments made by the TRiO - SSS Project. I understand that if I fail to perform according to the project’s requirements, I may be dropped from the Program.

I agree that the information I provided on the application is true and correct to the best of my knowledge.

Signature of Student

Date of Signature

Signature of Project Director or Retention Specialist

Date of Signature